

expected to meet Mr. Birrell without reporters being present, but at his suggestion we joined the other deputations.

I am, Sirs, yours faithfully,

Harley-street, W., Nov. 20th, 1906.

G. A. HERON.

[INCLOSURE.]

To the Right Honble. Augustine Birrell, M.P., K.C., President of the Board of Education.

SIR,—We, the undersigned, desire to press upon the attention of the Board of Education the following considerations:—

It is, in our opinion, of great importance to the public interest that those who intend to devote themselves to the teaching of the young in our public elementary schools should be required by the State to give due attention to the study of elementary hygiene. Were this done a knowledge of the laws of health would in course of time become part of the professional equipment of all school-teachers, with the result that they would know, better than they do now, how to safeguard the children entrusted to them from the grave dangers of preventible disease.

Moreover, school-teachers who had thus themselves acquired a sound knowledge of elementary hygiene, would be able, given suitable opportunities, to impart some of this knowledge to their older scholars. In particular, the scholars would learn the fact that many disorders, with whose names and dangers their home-life has made them familiar, are in their nature preventible and by simple means can be prevented. Children so trained would, on reaching maturer years, be more intelligently alive to questions concerning the preservation of health than is now the case with the majority of our people. We believe it is within the power of the Board of Education to further these ends by suitable changes in the regulations for the training of elementary teachers, such as the following:—

1. That elementary hygiene should be made a compulsory subject of study in training colleges.
2. That before receiving a certificate of proficiency every teacher should be required to show a sufficient knowledge of the laws of health, and in particular of those relating to the prevention of infectious disorders.
3. That whenever possible, the instruction in elementary hygiene given in training colleges should be entrusted to specially qualified medical practitioners.

We are, Sir, your obedt. servants,

T. CLIFFORD ALBUTT, M.D., F.R.S.,
Regius Professor of Medicine, University of Cambridge.

G. L. BRUCE,
Late School Board for London, and London Committee of Education.

G. A. HERON, M.D., F.R.C.P.,
Representing the International Association for the Prevention of Tuberculosis.

DONALD MACALISTER, M.D., F.R.C.P.,
President of the General Medical Council.

WILLIAM OSLER, M.D., F.R.S.,
Professor of Medicine, University of Oxford.

JOHN TWEEDY, F.R.C.S.,
Late President of the Royal College of Surgeons of England.

THE ADMISSION OF WOMEN TO THE DIPLOMAS OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

To the Editors of THE LANCET.

SIRS,—At the recent meeting of Fellows and Members of the College of Surgeons the question of the admission of women to the Membership was brought up and a motion was proposed that before the Council did anything definite it should consult the Fellows and Members of the College either by calling a statutory meeting to discuss the question or by a poll of the whole College. I proposed as an amendment that the opinion of the College should be taken at a statutory meeting and not by a poll, but the amendment was lost and subsequently another amendment asking the Council to take a poll of the whole College was passed. The difference between the two courses is very great because, if a meeting were called, the voters would have an opportunity of hearing the arguments for and against the step, while if a poll is taken a large proportion of Members will vote without giving the subject the fair consideration which it deserves and will be influenced by the fear that they will suffer from female competition. In my opinion this fear is groundless because most medical women take the London M.B. or M.D. degree at present and find no difficulty in doing so, but if the Membership of the College were open to them there is no doubt that many who now take the M.B. and, eventually, M.D. Lond. would content themselves with the M.R.C.S., L.R.C.P. and it is easier to compete with the holder of a diploma than with the holder of a degree. Unless the medical press will allow us to thresh out the subject in its columns I do not see how we now can learn what are the real objections to women Members of the College nor can we point out to our brother Members the necessity for the College to move with other scientific and learned bodies if it is to maintain the position it at present holds in the country.

I regret extremely that the meeting of Fellows and Members should have practically rejected the appeal for a free discussion of both sides of the question and should have added point to its rejection by passing an amendment that only a poll should be taken. If the meeting really represented the ideals of the College at large it makes one doubtful whether the Members are competent to rule in a broad-minded way, but I cannot help thinking that the great mass of Members would be prepared to judge the case on its merits and hear both sides if it were possible to appeal to them. I for one should be pleased to learn what are the real objections to the admission of women Members.

I am, Sirs, yours faithfully,

F. G. PARSONS,
Lecturer on Anatomy,

Nov. 19th, 1906.

London School of Medicine for Women.

SUNSHINE AT SANDOWN, ISLE OF WIGHT.

To the Editors of THE LANCET.

SIRS,—Knowing your desire for accuracy and your reputation for the same, I am taking the liberty of drawing your attention to an inaccuracy in THE LANCET of Nov. 10th, 1906. The inaccuracy is in your article on "September and October Sunshine." I do not know who is your authority for the amount of sunshine during those months at Shanklin, but it cannot be the Royal Meteorological Society. The facts of the case are thus. Shanklin does not possess a sunshine recorder, they practically guess at its amount per day, aided I suppose by their watches, and I do not think it quite fair to other places that a paper with the reputation of THE LANCET should accept such data as these. Sandown, which is only two miles from Shanklin, is rather more than less exposed to the sun than Shanklin, possesses a Campbell Stokes recorder, the records of which are recognised and published by the Royal Meteorological Society. The Sandown record for September was 205·6 hours, for October 123·1 hours, whilst according to the Shanklin record the amount of sunshine for September was 233 hours, and for October 125 hours. Sandown has gone to a considerable amount of trouble and expense in fitting up a meteorological station and it seems to me only fair that its records should be noticed before those of a place which practically guesses at its records. Apologising for troubling you at such length,

I am, Sirs, yours faithfully,

G. BENINGTON WOOD, M.B. Edin.,
Member of the Sandown Meteorological Board.

Newlands, Sandown, I.W., Nov. 19th, 1906.

THE PATHOLOGY OF SCIATICA.

To the Editors of THE LANCET.

SIRS,—During the last 15 years, in the course of my practice as a physician at a balneary resort, I have examined over 2500 cases of so-called sciatica, and as I have been accustomed to inquire carefully into the past history of the patients I beg your permission to make some remarks suggested by the letter of Dr. William Bruce on the above matter in THE LANCET of Nov. 3rd, p. 1239, with which I cannot agree.

In cases resembling sciatica it is the first duty of the medical man to examine the hip joint, keeping in mind the differential diagnosis between sciatica and diseases of that joint. It is not surprising that Dr. Bruce has found a case where the examination of the medical man who saw the patient before him was perhaps superficial. I see similar cases several times a year and this blunder, like other errors of diagnosis, is to be regretted but cannot be always avoided. But it is quite a different thing if Dr. Bruce maintains that every single case of sciatica is due to trouble in the hip-joint. It must be conceded that true sciatica, as clinically defined, has nothing to do with the hip and that the diagnosis of sciatica is not justified unless anamnesis and symptoms prove it directly. It has often been asserted of recent years that sciatica is a collective name for manifold painful affections of the legs, but I consider this to be an error. Usually I examine my patients very diligently and may say that in most cases the hip-joint is not affected at all. I must concede that absolutely uncomplicated cases are in the minority and that in a number of instances patients who according to superficial diagnosis were said to suffer from sciatica, were in reality

suffering from arthritis, peri-arthritis of the hip, or diseases of either the muscles, or the tendons, or the bones, or the bursæ mucosæ of the region of the hip, and so on. Such cases I do not acknowledge as sciatica, but this is not the place to describe the symptomatology of true sciatica. Careful consideration of the anamnesis and the most important signs will easily prevent mistakes.

As to Dr. Bruce's assertion that the usefulness of his patient's leg might have been preserved, but that he was lamed for life in consequence of a faulty diagnosis, I must hesitate to accept it. In his opinion the patient suffered from double rheumatoid arthritis of the hip-joint and subsequent ankylosis, the symptoms of which were strongly suggestive of malum coxæ senile. If the patient was really suffering from rheumatoid arthritis of the hip—always a very severe and obstinate illness—I cannot understand how Dr. Bruce goes so far as to affirm that massage would have stopped its progress. When hot baths and other measures have proved insufficient massage is of very doubtful effect. According to my experience ankylosing disease of the hip is almost incurable and hopeless. Massage is the last treatment that I could consider as a panacea, as I have seen much trouble from it in cases of chronic inflammations of joints. As to the remarks regarding the analogy with neuritis brachialis and affections of the shoulder, I believe that a medical man who, in case of complaints in the arm, does not examine the mobility of the shoulder in the most simple and usual way described by Dr. Bruce cannot be regarded as a competent practitioner.

I am, Sirs, yours faithfully,

DR. BÉLA BOSÁNYI,
Royal Councillor, Chief Physician of
Sct. Lukashad, Budapest.

Budapest, Nov. 6th, 1906.

FATALITIES UNDER ETHYL CHLORIDE.

To the Editors of THE LANCET.

SIRS,—In an article with this title published in THE LANCET on May 5th last, p. 1233, I endeavoured to make a rough estimate of the number of times which the drug had been employed for general anaesthesia during the past three years in this country and arrived at the figure of 450,000. Information which has recently come to hand shows that I was very much within the mark. I am told by the London agent of Messrs. Duncan and Flockhart that during this period they have sold sufficient ethyl chloride for 1,500,000 administrations at five cubic centimetres each. If to these be added the cases for which ethyl chloride is manufactured by other firms, such as Hedley, Bengue, Kuhn, and the Kelene Company, the number of narcoses cannot be put as much under 3,000,000. Up to date 20 deaths are reported in Great Britain—giving a mortality of 1 in 150,000. With these figures before us I am at a loss to understand how certain anaesthetists of repute steadfastly refuse to employ ethyl chloride alone or in combination.

As an offset to the 20 fatalities I am confident that it has saved many lives, or prevented fatalities which would have occurred had chloroform been substituted for it.

I am, Sirs, yours faithfully,

Edinburgh, Nov. 19th, 1906.

T. D. LUKE.

THE TAXATION OF MOTOR-CARS USED BY MEDICAL MEN.

To the Editors of THE LANCET.

SIRS,—Letters that have appeared in your columns show that physicians in England who use motor-cars realise the necessity of protesting against the taxation of these carriages at the same rate as the "pleasure vehicles of the rich." It is even claimed that medical men should be altogether exempt from such taxation and various suggestions have been made to remedy the matter by writing to Members of Parliament, appealing to the public, &c. It may, perhaps, strengthen the hands of those seeking this very just reform to know that in France it has been recognised that the physician's car is used for professional purposes and the authorities consequently subject it to only *half the tax* usually levied.

When a physician registers his car he is asked if he uses it in his practice and a reply in the affirmative suffices to obtain the 50 per cent. reduction. This, after all, is only fair. The scale of taxation, also, seems to me more reasonable. An

automobile is charged five francs per horse-power, plus 50 francs if for one or two persons; 90 francs if for more than two persons. This is the Paris scale but it diminishes considerably in smaller towns. Thus, in a town of from 20,000 to 40,000 inhabitants, a car for two people pays 30 francs per annum; one with more than two places, 60 francs per annum, plus, of course, the five francs per horse-power.

I am, Sirs, yours faithfully,

Paris, Nov. 18th, 1906.

A. A. WARDEN.

NOVOCAINE IN MINOR SURGERY.

To the Editors of THE LANCET.

SIRS,—Seeing your annotation in THE LANCET of Oct. 27th, p. 1160, on novocaine, and having come across little information from users of the drug in this country, it struck me that perhaps it might be of interest to your readers if one gave one's experience in a few slight cases such as one mostly meets with in general practice, ignoring the major operations, though from what I have seen of it it should be a valuable aid in them in cases where a general anaesthetic is inconvenient or dangerous or the patient fears it.

In eye work where mydriasis or paralysis of accommodation is undesirable it is of great value—e.g., removal of foreign bodies, some of the operations for glaucoma, and analogous cases.

In a nasty case of a piece of steel imbedded in the hand one had no difficulty in removing it after localisation with x rays, giving the great advantage that the patient, a business man, was able to proceed with his day's work, which, of course, he would not have been able to do if a general anaesthetic had been used. In stitching wounds about the face, the scalp, or elsewhere I have also found a local anaesthetic of very great value, especially in children and ladies, in enabling one to do one's work accurately without discomfort to the patient. I have for years used cocaine for this purpose, but with this drug one always has some fear of its toxicity and in the circumstances in which my work has had to be done I have not had opportunity of trying stovaine, though eucaine is successful though not free from danger, and in a fresh open wound one wants a drug that one can use with more or less freedom.

Novocaine I have found to be equally useful in dental work, first (in nervous patients) packing the gum with cotton-wool soaked in a 5 per cent. solution and then injecting the gum with 2 per cent. in combination with adrenalin, rendering the operation in most cases quite, and in all nearly, painless, and in addition giving the great advantage of marked diminution of hæmorrhage so valuable in all operating work. Writing of the use of adrenalin the two bodies in combination appear to me to reinforce one another. In those small but exceedingly painful operations about the anus for hæmorrhoids I find that it is also almost an ideal drug to use. So far, though used freely, I have had no after effects whatever referable to the drug and this fact in combination with its utility has led me to look upon it as an almost indispensable item in my armamentarium.

I am, Sirs, yours faithfully,

J. SHEPLEY PART, M.D.

Bath-road, Bedford-park, W., Oct. 31st, 1906.

THE CASE OF MR. PEERS: A MISCARRIAGE OF JUSTICE.

To the Editors of THE LANCET.

SIRS,—I desire to say that the London and Counties Medical Protection Society has paid Mr. Peers's *own* costs in the case upon which you have commented sympathetically in your medico-legal notes.¹ The amount it is desired to raise is to be used to pay the damages given against Mr. Peers and the costs of the other side.

I am, Sirs, yours faithfully,

278, Old Kent-road, London, Nov. 20th, 1906.

C. H. PRING.

* * In the paragraph referred to by Mr. Pring we stated that the defendant's cause was undertaken throughout by the London and Counties Medical Protection Society, Limited. We are now informed that the society not only defrayed the

¹ THE LANCET, Nov. 10th, p. 1301.